



INLAND MARINE (EQUIPMENT) INSURANCE REQUEST FORM

INSTRUCTIONS: *If more than one item is being insured, complete one form for each item. Forward form to the Office of Risk Management, riskmangement@tennessee.edu or fax it to (865) 974-0936. Please contact the office at (865) 974-5409 with any questions/concerns.*

Item Name: _____
Make: _____ **Model:** _____
Serial #: _____

Value Amount (Purchase Price): \$ _____

Is the Property Leased or on Loan? Yes No

If so please provide the leasing company's information:

Name: _____

Address: _____

Is the Property Financed? Yes No

If financed, please provide the bank information:

Name: _____

Address: _____

Dates of Coverage: Beginning: ___/___/___ Ending: ___/___/___

Shipping Origin:

Facility: _____

Address: Street: _____

City: _____ State: _____ Zip Code: _____

Shipping Destination:

Facility: _____

Address: Street: _____

City: _____ State: _____ Zip Code: _____

Carrier: _____ Shipping Method: _____

Department's Information:

Department: _____

Departmental Contact:

Name: _____ Telephone #: _____

Cost Center: _____ Account #: _____

G/L Code: _____ Vendor #: _____